

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	1112	9/18/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/13/02
2	✓	✓	3/13/02
3	✓	✓	3/13/02
4	✓	✓	3/13/02
5	✓	✓	3/13/02
6	✓	✓	3/13/02
7	✓	✓	3/13/02
8	✓	✓	3/13/02
9	✓	✓	3/13/02
10	✓	✓	3/13/02
11	✓	✓	3/13/02
12	✓	✓	3/13/02
13	✓	✓	3/13/02
14	✓	✓	3/13/02
15	✓	✓	3/13/02
16	✓	✓	3/13/02
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49	✓	✓	3/13/02
50	✓	✓	3/13/02

Claim	Final	Original	Date
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100	✓	✓	3/13/02

Claim	Final	Original	Date
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102	✓	✓	3/13/02
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148	✓	✓	3/13/02
149	✓	✓	3/13/02
150	✓	✓	3/13/02

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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